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Bib Data Sheet

CONFIRMATION NO. 8452

|                             |  |              |                        |                                     |
|-----------------------------|--|--------------|------------------------|-------------------------------------|
| SERIAL NUMBER<br>10/677,422 | FILING OR 371(c)<br>DATE<br>10/02/2003<br>RULE | CLASS<br>424 | GROUP ART UNIT<br>1616 | ATTORNEY<br>DOCKET NO.<br>15071US02 |
|-----------------------------|--|--------------|------------------------|-------------------------------------|

## APPLICANTS

Daniela T. Bratescu, Glenview, IL;  
 Randal J. Bernhardt, Lindenhurst, IL;

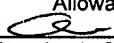
## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/661,839 09/14/2000 ABN

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/02/2004

|                                 |   |                |                        |                     |                    |                         |
|---------------------------------|---|----------------|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no   |                |                        |                     |                    |                         |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance    |                |                        |                     |                    |                         |
| Verified and Acknowledged       | <br>Examiner's Signature | AS<br>Initials | STATE OR COUNTRY<br>IL | SHEETS DRAWING<br>0 | TOTAL CLAIMS<br>19 | INDEPENDENT CLAIMS<br>4 |

## ADDRESS

23446

## TITLE

Antimicrobial ternary surfactant blend comprising cationic, anionic, and bridging surfactants, and methods of preparing same

|                            |   |   |
|----------------------------|---|---|
| FILING FEE RECEIVED<br>856 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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